No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

HER APR 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42326

Registration District No. 784 Primary Registration District No. 701 Registrar's No. 674

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6317 Southwood 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton (If outside city or town limits, write "RURAL")

(d) Street No. 6317 Southwood (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME David Gardner 635

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Lasky Gardner

6. (c) Age of husband or wife if alive (unk) years

7. Birth date of deceased Aug. (Month) 18, (Day) 1894 (Year)

8. AGE: Years 45 Months 7 Days 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Executive

11. Industry or business Shoes Wholesale

FATHER 12. Name Jacob Gardner

13. Birthplace Vilno (City, town, or county) Russia ? (State or foreign country)

MOTHER 14. Maiden name Sarah (unk)

15. Birthplace Kovna (City, town, or county) Russia ? (State or foreign country)

16. (a) Informant Mrs Rose L. Gardner

(b) Address 6317 Southwood

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director H.B.Berger

(b) Address 4715 McPherson

19. (a) APR - 7 1940 (Date received local registrar) (b) R Meyer MD Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1940 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 1934 to April 5 1940 that I last saw him alive on April 5 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) acute cardiac failure	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

707

23. Signature Milton Smith (M. D. or other)

Address 3720 Washington Date signed 4/6/40

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.